

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: WOOD

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Wood County.

The report is a PDF (Adobe Acrobat) document and includes a total of 8 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WOOD

Facility Information

Facility Name: ANGELUS RETIREMENT COMMUNITY OF MARSHFIELD (0012240)

Address: 305 S CHESTNUT AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 01/07/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103404 **End Date:** 02/06/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103213 **End Date:** 01/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WOOD

Complaint History (ANGELUS RETIREMENT COMMUNITY OF MARSHFIELD)

Date Complaint Received: 06/15/2009

Date Investigation Completed: 07/07/2009

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/19/2009

Date Investigation Completed: 02/04/2009

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/15/2008

Date Investigation Completed: 01/02/2009

Subject Area(s)
NUTRITION & FOOD SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WOOD

Facility Information

Facility Name: RETIREMENT COMMUNITY OF NEKOOSA (0012041)

Address: 145 NORTH CEDAR STREET, NEKOOSA, WI 54457

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101332 **End Date:** 03/06/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WOOD

Complaint History (RETIREMENT COMMUNITY OF NEKOOSA)

Date Complaint Received: 02/04/2008

Date Investigation Completed: 03/05/2008

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WOOD

Facility Information

Facility Name: ARBORWOOD LODGE (0012659)
Address: 1331 WHITROCK AVENUE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 12/22/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103191 **End Date:** 12/22/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: WOOD

Facility Information

Facility Name: RENAISSANCE (THE) (0010386)
Address: 1500 PEPPER AVENUE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 09/09/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100505 **End Date:** 11/02/2007 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: WOOD

Complaint History (RENAISSANCE (THE))

Date Complaint Received: 08/27/2007

Date Investigation Completed: 11/02/2007

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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